Chapter 1

INTRODUCTION

The Indiana Family and Social Services Administration (FSSA) Division of Mental Health (DMH) is pleased to report on its progress and future plans in this, its third biennial report. Significant progress and improvements have been realized in many areas, notably the full implementation of the Hoosier Assurance Plan (HAP) and the continued development and expansion of service offerings to the citizenry.

The functions of the Division can be divided into two main areas — state psychiatric hospital (SPH) services and community-based services. Within the former, the Division operates six SPHs and is completely responsible for all functions and services performed therein. In the community arena, the Division is a general contractor that oversees, and strives to ensure quality in, the services delivered by its subcontractors through a variety of mechanisms. These mechanisms will be explored later in this report.

The HAP is the primary vehicle by which the Division funds community services. Since its creation in 1993, the HAP has continued to evolve and has become a fully inclusive service delivery system for all eligible persons in need of mental health and addictions services in the State of Indiana. The announcement to close Central State Hospital in 1992 signaled the beginning of a strong movement from institutional-based care towards consumer focused community-based care. There are now 1421 state psychiatric hospital beds, compared to 1813 before the Central State closing. Persons requiring short term hospitalization for an acute episode are being served more in the community with DMH's contracted managed care providers (MCPs) providing these services. This allows for good continuity of care, since the same staff are in charge of the patients' services throughout the entire course of treatment. There are now 43 MCPs serving approximately 70,000 clients annually.

Following a pilot study conducted from November 1993 through June 1995, which eventually included all community mental health centers

(CMHCs), the implementation of the HAP truly began with State Fiscal Year (SFY) 1997. Beginning July 1, 1996, MCPs with contracts to serve persons with chemical addictions and gambling disorders began enrolling these clients in the program. Enrollments in this first year also began for persons with chronic addictive (CA) disorders or serious mental illness (SMI) who are deaf or hard of hearing. The following year MCPs certified to offer services to children and adolescents with serious emotional disturbance (SED) began enrolling clients in this category. Services designed to prevent the use of alcohol, tobacco and other drugs by children between the ages of 10 and 14 also began at that time. Beginning with SFY 1999, on July 1, 1998, full implementation was effected when contracts were executed with MCPs to provide services to adults with SMI, and enrollments in this final category began to occur.

With the HAP, the Division strives to assure access to, and availability of, quality services to all eligible citizens. For this reason, funding for the HAP is allocated to providers and regions of the state based on analysis of actual service data and estimated mental illness and addictions prevalence figures derived from actuarial data. Resources may be reallocated periodically according to what the figures reveal. To supplement state and federal block grant dollars, the Division actively seeks new sources of funding and offers assistance to providers in doing likewise. A significant source of increased funding has been the Medicaid Rehab Option (MRO), which allows Medicaid funds to pay for certain behavioral health services if the state contributes a percentage of the total in matching funds. More information on this option is contained in the Funding Section of this report.

Further information on enrollments, services and populations is reported in the HAP Section of this report.

There are several important non-HAP programs within the Division as well. Much attention is being given to preventing addiction disorders before they develop. In early 1998, a new bureau was established within the Division — the Bureau for Mental Health Promotion and Addictions Prevention. An advisory committee to support this new bureau was also formed, consisting of youth, community-based prevention program leaders, prevention services providers and experts in youth physical and mental development. Federal

funds and grants help support these programs, targeted at children and young adults.

Along these same lines, another important DMH goal is the reduction of tobacco use by Indiana youngsters, which remains above national averages. Part of this effort is the annual Synar study, which assesses Indiana tobacco vendor compliance with the state law prohibiting sale of tobacco products to persons under age 18. A 1996 state law made DMH responsible for this study, as required by the federal Synar Amendment of 1992, which sets annual compliance targets and imposes penalties on states which do not achieve the targets. Achieving the targeted reduction of tobacco use by youngsters and increased vendor compliance with the law require collaboration with other state agencies and youth-serving organizations with an interest in public and vendor education, as well as in law enforcement. Although Indiana met the vendor compliance rates negotiated with the federal government for 1996 through 1999, the Division has seen an increase in vendor noncompliance over the last two years, highlighting the need for increased enforcement efforts in this area.

Assuring the provision of quality services to consumers is of paramount importance to DMH, and increasing emphasis has been placed on quality assurance efforts. Site visits to provider locations, audits of assessment and service data, publication of provider report cards and creating significant opportunities for consumer involvement and input are some of the methods by which quality is being monitored. Also, the Division conducts an annual telephone survey of approximately 4,000 consumers. Publication of provider report cards and operation of a toll-free telephone line for use by consumers to ask questions and provide feedback create the opportunity for communication on provider performance to flow between DMH and the public. Additional information on these measures can be found in the Quality Assurance Section of this report.

While the Division continues to work toward keeping the population of the state psychiatric hospitals to a minimum, it also strives to ensure that those who require institutional care receive the best that can be provided. This is evidenced by the fact that all six DMH hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and all

Immediate Care Facility/Mentally Retarded (ICF/MRs) in the hospitals are certified by the Indiana Department of Health (IDOH). The Division works with the MCPs and other state agencies to effect the most appropriate placement for each client and to return clients to their communities as quickly as possible. A new computer system was recently implemented to improve tracking of patient information, treatment and history records.

This report:

- Describes the continued implementation of the HAP and its service to consumers;
- Describes the populations being served in the six state psychiatric hospitals;
- Discusses the Division's work in research and prevention;
- Provides information on the Division's funding;
- Describes the involvement of staff from Division bureaus in working with community resources; and
- Identifies new projects and initiatives being undertaken by the Division.